

**Department of Legislative Services**  
 Maryland General Assembly  
 2005 Session

**FISCAL AND POLICY NOTE**

House Bill 794

(Delegate Hubbard, *et al.*)

Health and Government Operations

Finance

**Developmental Disability - Written Plan of Habilitation - State Residential Centers**

This bill requires an individual with a developmental disability living in a Developmental Disability Administration (DDA) residential center to receive resource coordination services and have the individual's written plan of habilitation reflect the coordinator's recommendations.

The bill takes effect July 1, 2005.

**Fiscal Summary**

**State Effect:** Expenditures could increase by \$110,800 (\$102,800 general/\$8,000 federal) in FY 2006. Future years assume 40 fewer individuals receiving services annually and inflation. No effect on revenues.

(in dollars)	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	102,800	88,500	73,600	58,100	41,900
FF Expenditure	8,000	8,200	8,300	8,500	8,700
Net Effect	(\$110,800)	(\$96,700)	(\$81,900)	(\$66,600)	(\$50,600)

*Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect*

**Local Effect:** Revenues could increase for local health departments that would receive additional State funds to provide resource coordination services.

**Small Business Effect:** Meaningful for private organizations that would receive additional State funds to provide resource coordination services.

## Analysis

**Bill Summary:** The written plan of habilitation must be developed by the individual with the developmental disability, a treating professional, and a resource coordinator who is not employed by or under contract with the State residential center. DDA must develop a planning protocol and format the written plan of habilitation to be used by each State residential center.

Annually, and at any other time requested by the individual with the developmental disability, the treating professional and resource coordinator must discuss the individual's service needs with the individual. Sign language or any other communication devices or techniques must be used to facilitate the disabled individual's involvement. The plan must include: (1) the treating professional's and resource coordinator's recommendations on the most integrated services appropriate to the disabled individual's needs; (2) a description of the services and supports required for the disabled individual to receive services in the most integrated setting appropriate to the individual's needs; and (3) a list of barriers preventing a disabled individual from receiving the necessary supports and services to live in the most integrated setting appropriate to the individual's needs.

After the first plan is written, subsequent annual plans must include an update on the status and progress toward addressing and resolving the identified barriers to receiving supports and services necessary to live in the most integrated setting appropriate.

The treating professional and the resource coordinator must identify and report any violations of a disabled individual's rights.

Annually, by December 1, each State residential center must provide the information required under the written plan of habilitation to DDA and the Department of Disabilities (DoD). Annually, by July 1, DDA and DoD must report to the General Assembly summarizing the statewide and regional information provided by the State residential centers that describe the services and supports necessary for disabled individuals to receive services in the most integrated, appropriate setting. The data must be incorporated into the State's Olmstead Plan, with recommendations to address the barriers to prevent individuals from living in the most integrated, appropriate setting.

**Current Law:** Staff of a DDA licensee that provides residential or day habilitation services must make a written plan of habilitation for each individual with a developmental disability who is accepted for services. Staff must reevaluate the plan's effectiveness and adequacy at least once annually, consulting the individual receiving the service and any person authorized to act on the disabled individual's behalf. The plan must be revised as needed. At least once annually, DDA must review the licensee's

execution of the plan of habilitation and the licensee's compliance with rules, regulations, and standards adopted by the Secretary of Health and Mental Hygiene.

In addition to any other rights, each individual who receives any services provided by DDA or a DDA licensee has certain basic rights, including: (1) the right to be treated with courtesy, respect, and full recognition of human dignity and individuality; (2) the right to receive treatment, services, and habilitation in the least restrictive environment; (3) the right to be free from mental or physical abuse; and (4) the right to be free from chemical or physical restraints, except under certain conditions.

**Background:** DDA operates four residential facilities: Rosewood Center, Potomac Center, Joseph D. Brandenburg Center, and Holly Center. As of January 31, 2003, there were 383 developmentally disabled individuals at these four facilities. This bill would not apply to the Holly Center because that facility already provides targeted case management to individuals living there. The estimated average number of developmentally disabled individuals served at the three centers affected by this bill – Rosewood, Potomac, and Brandenburg – is 277 in fiscal 2006, 237 in 2007, 197 in 2008, 157 in 2009, and 117 in 2010. DDA expects 40 individuals to leave the facilities annually and receive community placements.

Each individual living in a DDA residential facility has a plan of habilitation that is updated annually. However, targeted case management is only provided at Holly Center. DDA currently contracts with local health departments or private organizations to provide resource coordination for individuals living in community placements. Depending on the individual receiving services in a community placement, a resource coordinator and the individual might meet anywhere from once a month to once every few months. DDA assumes that the administration would need to provide three months of moderate-level resource coordination for individuals living in State residential centers as a result of this bill.

**State Expenditures:** Expenditures could increase by an estimated \$110,800 (\$102,800 general/\$8,000 federal) in fiscal 2006, which assumes full-year implementation. This estimate reflects DDA adding onto the existing contracts DDA has with local health departments or private organizations that currently provide resource coordination for individuals living in community placements. The information and assumptions used in calculating the estimate are stated below:

- 277 individuals living in DDA residential facilities in fiscal 2006;
- \$400 per individual for contractual resource coordination costs;

- 40 individuals leaving DDA residential facilities annually; and
- DDA recouping 50% of resource coordination costs (\$200) from the federal government for each individual leaving a DDA residential facility and moving to a community placement.

Future year expenditures reflect: (1) 40 developmentally disabled individuals leaving DDA residential facilities annually; (2) DDA recouping 50% of resource coordination costs (\$200) from the federal government for each individual leaving a DDA residential facility and moving to a community placement; and (3) 2% annual inflation for resource coordination costs.

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### **Additional Information**

**Prior Introductions:** None.

**Cross File:** SB 714 (Senators Kelley and Teitelbaum) – Finance.

**Information Source(s):** Department of Disabilities, Department of Health and Mental Hygiene, Department of Legislative Services

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